Substitute for form 1449/PTO				Complete if Known		
				Application Number	10/568,043	
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	(Use as many sheets as necessary)			Examiner Name	E. Olson	
Sheet	1	of	2	Attorney Docket Number	429022001900	

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Examiner	Cite	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or	Pages, Columns, Lines, Where		
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Examiner Initials	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, burnal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), bublisher, city and/or country where published.				
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.